



## Short Term Application Form OneMission

[www.onemission.org.au](http://www.onemission.org.au)

### Biographical Information

**Full legal name as it appears on Passport** (Please type or print clearly)

\_\_\_\_\_  
Surname                      First Name                      Middle Name                      Maiden Name

**Passport Country** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Conference** \_\_\_\_\_ **Home Church** \_\_\_\_\_

#### Current Address

Street (no P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

#### Permanent Address (if different from above)

Street (no P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_



## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

## OneMission Project

**Please specify the particular project you are applying for**

- Evangelism  Medical/health Team  Building project  Community Education  
 Other \_\_\_\_\_

Please indicate the country and particular position that you are applying for:

\_\_\_\_\_

Commencement Date \_\_\_\_\_  
DAY/MONTH/YEAR

Length of Time \_\_\_\_\_ Weeks

## Skills and Experience

**Please list your reasons for wanting to be part of a OneMission service team** \_\_\_\_\_

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\_\_\_\_\_

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**Skills and Experience**

**What do you hope to gain from being part of a Onemission team?**

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**Please describe your educational background and/or training**

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**Please list some skills (work or non work related) that you think will benefit the volunteer team**

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**Do you have any special dietary requirements?**

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**Skills and Experience**

**Would you feel comfortable in any type of living situation? (E.g. shared accommodation, sleeping on the floor or being exposed to extreme poverty)**

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**Please list any medical conditions that you may have (confidential)**

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**How do you feel about volunteering on behalf of a Christian organisation?**

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**Referees**

1. Name \_\_\_\_\_ Phone or Email \_\_\_\_\_  
Full address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone or Email \_\_\_\_\_  
Full address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone or Email \_\_\_\_\_  
Full address \_\_\_\_\_



## Agreement

I agree that the information provided on this form is accurate and does not obligate the AVS Office to provide a volunteer assignment for me.

Yes    No

I am happy to submit this application to serve as a volunteer on the grounds that I do not expect compensation for my services nor any fringe benefits.

Yes    No

I understand that while serving, I am still responsible for all of my financial obligations at home, and have made arrangements to this end, in addition to meeting any financial responsibilities entailed in my volunteer assignment

Yes    No

I permit the AVS office to release my personal information to assist in processing my application.

Yes    No

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
OneMission secretary

\_\_\_\_\_  
Date

Please return completed application to:  
OneMission  
PO Box 202  
Cooranbong NSW 2265  
Email: [info@onemission.org.au](mailto:info@onemission.org.au)  
Ph: 61 2 49772776